



U.S. Senator John Ensign DC Internship Application

Full Name: _____

Social Security: _____

Email: _____

Date of Birth: _____

Internship Session You Are Applying For:

☐ Fall '10

☐ Spring '11

☐ Summer '11

Current Address and Phone

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Permanent Address and Phone

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

If you do not currently live in Nevada, have you ever lived there? ☐ Yes ☐ No

University/College _____

Major/Minor _____ GPA _____

Anticipated Graduation Date _____

Offices/Awards/Honors _____

High School _____ Date Graduated _____

Offices/Awards/Honors _____

How did you hear about the internship? _____

Recent work/volunteer/military experience _____

Hobbies/Interests _____

Brief description of career goals _____

Signature _____

Date _____